

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 274868  
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	3					
6	3					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
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14	0					
15	3					
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TOTAL IND.			/			
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TOTAL CLAIMS			/			

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